Consent for 30-Day Interim Placement

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							Today			
Student Name				DOB	Age	Sex	30 Da	y Review _		
UU'IFF '%	SELPA ID			Grade			- Last T	riennial		
							Last I	EP		
Name of Parent/Guardian		Phone:	Home	Wo	rk		Next I	EP		
Address			City			Zip	AGE		LVEMEN ld Services (C	
School of Attendance							-		Mental Healt Human Servi	
Home Language		Student La	nguage				-		Rehabilitatio	
☐ Migrant Ed	Race:	RES	SIDENCY	,				-	gional Center	
☐ Interpreter Required ☐ EO ☐EL								Surrogate N	leeded:	Yes 🗖
PRIMARY DISABILITY	CATEGORY	PRIMAI	RY PLAC	EMENT	AGENC	Y SERVI	CES			
		Genera	al Educatior					G 🔲 Other		
			d Services rce Specialis	st		eatment pla				
		_ D Specia	ıl Day Class	5	PRIMA	RY SERV	/ICE LO	CATION		
SPECIAL EDUCATION T	KANSPORTATIO		ublic Schoo							
PARENTAL CONSENT (Please initial areas th	at are accepta	ıble)						. An IEP mee	ting wil
I received a notice of			Safeguards		be held	d within 30	days.	Date		
-	on and have had them e	-								
I agree with the 30-d	-			Signa	ture of Par	rent/Surroga	ate/Guardia			
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